



# To be or not to be?

## Venturing into aesthetic medicine

**t**he pleasure of aesthetics is in the diversity of methods to improve one's appearance. It may be likened to painting a portrait. A touch up here and there and you get the final near perfect picture. The patient's gratitude at the end of the treatment and looking at one's own handiwork receiving appreciative stares are reward enough.

But can any GP start practicing aesthetic medicine? What does it take?

### Personal experience

My interest in dermatology was kindled after a posting in the then Middle Road Hospital. Expecting a boring term, it was indeed a pleasant surprise to discover that dermatology was actually quite challenging. That was my last posting before leaving Singapore for the next 8 years to reside in Australia.

The interest however remained and I decided to start my specialist training

in dermatology in Sydney. To my amazement there was a long queue of doctors wanting to specialise in dermatology. The reason was simple enough – dermatology had become a lucrative practice.

Due to the early and excessive sun exposure, there was a large pool of prematurely ageing adults within the local population. They were ideal candidates for minimally invasive procedures to correct or reverse the effects of ageing skin. The procedures that were being offered ranged from peels (chemical or mechanical) and fillers to carbon dioxide laser resurfacing. So, dermatologists there were already into aesthetic medicine. There were even a few practices that concentrated more on aesthetics than dermatology.

### GPs in the act

It was also an interesting period as GPs were beginning to move into aesthetic medicine. A GP colleague had a busy practice employing fillers and skin lasers to remove blemishes

and wrinkles. One of her patients was the famous supermodel Elle McPherson!

There were a few other GPs like her who were experts in the field of aesthetic medicine. Some became so good at what they do that they were invited to give talks to enlighten other doctors. For example, a lady GP friend whose expertise is in the use of various laser machines, has been giving talks on the different types of lasers and on how to determine which is appropriate for a particular patient.

My plans to specialise in dermatology ended when a requirement of a PhD was preferred before board consideration for specialisation. However the PhD was no surety of getting a training position. Thus began my venture into aesthetic medicine. My general practice was like any other practice in Australia except that I started concentrating on dermatological cases, which included procedures such as cryotherapy and excision of abnormal skin lesions. That led on to peels and fillers.



## Aesthetic medicine in Singapore

Unlike the current environment, there were very few doctors in the aesthetic medicine field when I returned to Singapore. Now, aesthetic medicine has grown by leaps and bounds, and not just in the number of doctors practicing it. Obviously the non-invasive or minimally invasive nature of the procedures has contributed to the growth of the field and needless to say the interest is likely to continue for quite a while. Understanding trends will naturally help the doctor in giving the right advice. For example, the trend now is to have subtle corrections done to imperfections such that it is pleasing to the eye but not glaringly obvious.

Just as important is familiarizing oneself with the latest developments that occur not just locally but also internationally. With new technology being introduced every few months, it is imperative to keep abreast of the most recent innovations, particularly since patients have access to these developments as well. There is no dearth of information on the Internet and in magazines, especially the American magazines. Patients, usually expatriates, have come to my clinic requesting for a cream or a procedure that has just entered the American or European market, eg, more than a year ago I had patients asking for the Strivectin range of products. More recently an American lady requested for Thermage for the back of her hands. That treatment is still in the process of being approved by the US FDA.

Knowledge and accreditation become crucial as they add to the credibility of an aesthetic physician as well as of the field itself. Very often, aesthetic medicine is dismissed as frivolous and the aesthetic physician as not being a real doctor. This cannot be further from the truth.

Knowledge of various subjects is required in aesthetic medicine. An adequate dermatological base supplemented with knowledge on cosmeceuticals, laser physics and anatomy is required to formulate the best solutions for the various aesthetic

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complaints. Proper technique also minimises complications.

Accreditations such as a diploma in practical dermatology and the use of laser, IPL, Botox and fillers serve to increase the confidence of not only the patient but also the aesthetic physician himself. Currently, it is unclear what the medical council's stand is on GPs in aesthetic medicine. But based on my experience over the years as a general practitioner in aesthetic medicine both in Australia and Singapore, there is a need for a board comprising of specialists including GPs, who practice aesthetic medicine to look into the area of accreditation.

## Complications

One of the drawbacks of aesthetic medicine is the possibility of complications. These can vary from an adverse reaction to creams to burns from IPL, laser or chemical peels (ranging from superficial to deep burns). It is important to anticipate these problems and deal with them as soon as they arise.

A thorough training session in the use of a device is imperative. It is best to be conservative with settings initially until confidence and full understanding of the machine is acquired. The worst scenario is to burn a patient at the early stages of using a machine as that can set back a doctor's confidence. Moreover there will be the problem of handling a very unhappy patient. Management of the upset patient requires a combination of empathy, adequate explanation and quick remedy of the problem.

Some complications however, are a result of the patient's non-compliance. Failure to avoid sun exposure has led to burns in quite a few patients. Thus before commencing treatment there is a need to check with the patient on every visit for compliance. It is also important that the patient understands the

instructions given. For example, a patient who was scheduled for laser hair removal from her legs came in a mini-skirt, having walked a distance with the legs exposed to the mid-afternoon sun though she was instructed to avoid sun exposure. That itself was a contraindication to laser treatment that day.

The other problem is that of dealing with unrealistic expectations. It takes a lot of patience and good PR skills. Adequate time has to be spent on the first consultation, on assessment and explanation. This prevents future misunderstandings.

Though some may brush aside aesthetics as being frivolous, it gives happiness and increases the self-confidence of patients. A young adult can walk unabashedly without worrying about the pimples or scars on the face. A mature woman is given a new lease on life with a face that is blemish free and clear of lines, looking several years younger. And it is not true that aesthetics are only for the rich and famous. There are procedures and creams within the budget of the average patient.

In the end, the decision to pursue aesthetic medicine and the extent of involvement are issues that beg serious consideration, and certainly things every GP needs to think about at some point in their careers. **MG**

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